

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

☐ Candidate

Election Year: _

A Public Document

NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
Fernandez, Mary,	SCASTION 916,303-6001 STATE ZIP CODE OPTIONAL: FAX / F-MAIL ADDRESS.
East to the second second	iento, CA 95811
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court: (A Dest of Correction + Rehab	► Total number of pages including this cover page:
Division, Board, District, if applicable: Office of the Secretary	► Check applicable schedules or "No reportable interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
► If filing for multiple positions, list addifferal agency(ies)/	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
position(s): (Attach a separate sheet if necessary.) Agency:	Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)
Position:	Schedule B Yes – schedule attached Real Property
Jurisdiction of Office (Check at least one box)	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
State County of	Schedule D Yes – schedule attached
City of	Schedule E Yes – schedule attached
Multi-County	Income – Gifts – Travel Payments
Other	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	4
Assuming Office/Initial Date:/	5. Verification
Annual: The period covered is January 1, 2008, through December 31, 2008.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
O The period covered is 10,16,08, through December 31, 2008.	of my knowledge the information contained herein and in any attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2008, through the date of leaving office.	Date Signed O (month, day, year)
O The period covered is/, through the date of leaving office.	Signature(File the originally)signed statement with your filing official.)